Effective October 1, 2003								1041912368					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
TO	TAL CLAIMS							RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			min	us 20=	•			X\$ 9=		OR	X\$18=	·	
INC	EPENDENT CL	AIMS	minus 3 =		•			X43=		OR	X86=		
MU	ILTIPLE DEPEN	DENT CLAIM PI	RESENT					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter *0" in column 2							TOTAL		OR	TOTAL			
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL (	1	
NT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT A	Total	. 7	Minus	-0	0	=		X\$ 9=		OR	X\$18=		
	Independent	. 2	Minus	***	3_	=		X43=		OR	X86=		
< _	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
(Column 1) (Column 2) (Column 3)								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE		
AMENDMENT B		(Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT			IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	].	X\$ 9≂		OR	X\$18=	<b>.</b>	
	Independent	•	Minus	***	<u> -</u>	4	X43=		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
N.								TOTAL ADDIT, FEE		OR	ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)									_		·	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	44		=	_	X\$ 9=		OR	X\$18=	<u> </u>	
	Independent	•	Minus	4	<del> </del>	=	4	X43=		ЮR	X86=	<b></b>	
<b>\</b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						لـ	+145=		OR		,	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".									OP	TOTA ADDIT. FE		
++4	if the "Highest Nu If the "Highest Nu The "Highest Num	mber Previously Pather Previously Pa	aid For IN TH id For (Total o	IS SPACE	is less th dent) is th	an 3, enter 13.1 le highest num	ber fo	ound in the ap	opropriate b	ox in c	oluma 1, .		

FORM PTO-875 (Rev. 10/03)

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